

OCT 14 2005

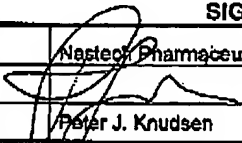
PTO/SB/21 (09-04)

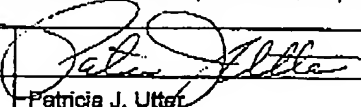
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/810,020	
	Filing Date	March 26, 2004	
	First Named Inventor	Lin, Henry C.	
	Art Unit	1645	
	Examiner Name	Rodney P. Swartz, PH.D.	
Total Number of Pages in This Submission	13	Attorney Docket Number	04-11US

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply to 07/14/2005 Office Action, 9 pages <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Information Disclosure Statement, by Applicant Form 1449, <input type="checkbox"/> Information Disclosure Statement, by Attorney 2 pages	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimers (2) Form PTO/SB/26 and PTO/SB/28 <input type="checkbox"/> Request for Refund <input type="checkbox"/>	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Nastech Pharmaceutical Company Inc.	
Signature		
Printed name	Peter J. Knudsen	
Date	October 14, 2005	Reg. No. 40,682

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, and also by facsimile to (571) 272-8865 on the date shown below. 273-8305		
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Typed or printed name	Patricia J. Utter	Date October 14, 2005

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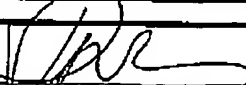
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Effective on 12/8/2004, Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known Application Number 10/810,020 Filing Date 3/26/2004 First Named Inventor Henry C. Lin Examiner Name Rodney P. Swartz, PH.D. Art Unit 1645 Attorney Docket No. 04-11US	
<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 260.00			

METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): <input checked="" type="checkbox"/> Deposit Account Deposit Account Number <u>502769</u> Deposit Account Name: <u>Nastech Pharmaceutical Company Inc.</u> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charges fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	
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FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
		FILING FEES Small Entity		SEARCH FEES Small Entity		EXAMINATION FEES Small Entity		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100		\$
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES								
Fee Description								Small Entity
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent								Fee (\$)
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent								Fee (\$)
Multiple dependent claims								Fee (\$)
Total Claims								Fee (\$)
/ 2 - 20 or HP = 0 x = \$ 0.00								Fee (\$)
HP = highest number of total claims paid for, if greater than 20								Fee (\$)
Indep. Claims								Fee (\$)
/ 2 - 3 or HP = 0 x = \$ 0.00								Fee (\$)
HP = highest number of independent claims paid for, if greater than 3								Fee (\$)
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets								Fee (\$)
2 - 100 = 0 / 50 = 0 (round up to a whole number) x = \$ 0.00								Fee (\$)
4. OTHER FEE(S)								
Non-English Specification, \$130 fee (no small entity discount)								Fee Paid (\$)
Other: Statutory Disclaimer/Terminal Disclaimer Fee \$130.00 X 2								Fee Paid (\$)
								260.00

SUBMITTED BY		
Signature 	Registration No. 40,682 (Attorney/Agent)	Telephone (425) 908-3643
Name (Print/Type) Peter J. Knudsen, Esq.		Date October 14, 2005

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